

**PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)****FY 2005***(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)).*

Docket Number (Optional)

6783P042X

05/31/2006 HDEMESS1 00000034 09803219

02 FC:1251

120.00 OP

In re Application of
William J. Hilliard, et al.

Application Number

09/803,219

Filed

3/7/2001

For METHOD AND SYSTEM FOR IMPROVED
INTERNET COLOR

Group Art Unit

2672

Examiner

Lay, Michelle K

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a Request for Continued Examination (RCE) in the above identified application.

The requested extension and fees are as follows (check time period desired and enter the appropriate fee below):

- | | <u>Fee</u> | <u>Small Entity Fee</u> | |
|---|------------|-------------------------|----------|
| <input checked="" type="checkbox"/> One Month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$120.00 |
| <input type="checkbox"/> Two Months (37 CFR 1.17(a)(2)) | \$450 | \$225 | |
| <input type="checkbox"/> Three Months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | |
| <input type="checkbox"/> Four Months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | |
| <input type="checkbox"/> Five Months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | |
- ☐ Applicant claims small entity status. See 37 CFR 1.27.
- ☒ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account Number 02-2666. I have enclosed a duplicate copy of the Fee Transmittal.

I am the ☐ applicant/inventor.☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

☒ attorney or agent of record. Registration Number 39,393.☐ attorney or agent acting under 37 CFR 1.34(a).Registration number if acting under 37 CFR 1.34(a) 39,393.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.

May 25, 2006

Date

(408) 720-8300

Telephone Number

Signature

Judith A. Szepesi

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.